

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 25 June 2018

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

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**This is a public meeting – members of the public are very welcome to attend.
The meeting room will be open to members of the public from 7.00 p.m.**

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Peter McCabe (Chair)
Andrew Howard (Vice-Chair)
Joan Henry
Sally Kenny
Rebecca Lanning
Dave Ward
Stephen Crowe
Hina Bokhari

Substitute Members:

John Dehaney
Natasha Irons
Najeeb Latif
Thomas Barlow
Carl Quilliam

Co-opted Representatives

Diane Griffin (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

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Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

13 MARCH 2018

(7.15 pm - 9.40 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Laxmi Attawar,
Councillor Mary Curtin, Councillor Brenda Fraser,
Councillor Suzanne Grocott, Councillor Sally Kenny,
Councillor Abdul Latif, Di Griffin and Saleem Sheikh

ALSO PRESENT:

Richard Jackman, Borough Partnership Manager Mitcham Job Centre, Kam Patel, Partnership Support Manager, DWP. Karen Brunger Head of Services, Merton and Lambeth Citizens Advice. Lyla Adwan-Kamara, Chief Executive Merton Centre for Independent Living

Councillors Tobin Byers, Cabinet Member for Adult Social Care and Health

Stella Akintan (Democratic Services Officer), Daniel Butler (Senior Principal Public Health Officer), Hannah Doody (Director of Community and Housing), Kris Witherington (Consultation & Community Engagement Manager), Dr Dagmar Zeuner (Director, Public Health) and John Morgan (Assistant Director, Adult Social Care)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

There were no apologies for absence

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

None

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The meeting of the previous meeting were agreed as a true and accurate record

4 PERSONAL INDEPENDENT PAYMENT PROCESS IN MERTON (Agenda Item 4)

The Chief Executive of Merton Centre for Independent Living (Merton CiL) gave an overview of the main issues highlighting that challenges with the Personal Independent Payment (PIP) process was discussed at this Panel in September.

Recent evidence has shown that Merton has a higher rate of declined applications than neighbouring areas.

The Head of Services at Merton and Lambeth Citizens Advice reported that an increased number of clients are seeking help, usually after their first application is turned down, 85% of cases are successful on appeal. The application form is more descriptive and many clients are struggling to complete it. People with mental health problems face the biggest challenge with this process. An increased number of claimants are successfully awarded a lower rate of benefit, which is positive as more people are receiving help.

A panel member asked if patients have to pay for their GP to provide medical evidence. It was reported that GPs are asked to waiver fee but if this is not possible the client has to pay.

The Chair invited a local resident to address the Panel.

Ms H reported that her son is 50 year old man with Downs Syndrome. She recently had to complete three benefit application forms on his behalf. Even though she has a high literacy level the forms were complex. During the face to face medical assessment she had to say negative things about her son's health in front of him. This was very challenging because as parents they have always sought to be positive about his capabilities.

The Chair invited the next local resident to address the Panel.

Ms M reported that she is deaf cannot lip read and uses British Sign Language. Being deaf means that she faces a number of challenges including using the tube, accessing information at the doctors and jobcentre.

Ms M reported that it was a big shock when her benefits were changed from Disability Living Allowance to PIP. The language in the letter was very confusing. The questions were difficult and she was told to go to PIP assessment. At the medical assessment they asked Ms M if she was deaf and she also had to prove it. An assessor asked Ms M to face a wall and someone was speaking behind her. The application was turned down and Ms M has appealed and is waiting for letter for tribunal attendance.

A panel member said the case studies shared had been distressing and asked what will be done to ensure this situation is rectified and services are made accessible.

The Partnership Support Manager for Department for Work and Pensions (DWP) said face to face consultations had been contracted out to Independent Assessment Services. Claimant champions had been appointed to help identify issues and ensure they are escalated. Claimants are asked to highlight their support needs before a face to face interview. Home visits are also provided. The aim of the PIP assessment is understand how the condition affects the individual and their everyday activity, therefore they encourage the use of a diary. Clients are not expected to pay for medical evidence as independent assessors will do a review of the case. They go to health professionals to obtain necessary information.

A panel member expressed concern that the assessment process is not using existing wealth of evidence about health conditions instead people are being subject to emotional and financial stress.

The Partnership Support Manager said existing medical evidence can be used but the assessment uses the most recent evidence to assess the claimants' health condition.

A panel member asked how many assessment centres in Merton have accessibility problems and what measures are taken to improve this. The Chief Executive of Merton CiL highlighted that there are no assessment centres in Merton, the two main locations are in Wandsworth and in Croydon both have access issues. Merton residents are also sent to Barking and Dartford.

The Partnership Support Manager said the contractors are responsible for estates. This is a priority area as it is recognised that there are not enough assessment centres in London, The assessors will arrange home visits and claimants can request for a taxi or families and friends can take people and claim expenses.

The chair asked for the issues raised at this meeting to be escalated through the partnership manager and for Merton Council to consider if it has any suitable premises to rent for assessment centres.

A panel member highlighted that DWP has awarded a contract to people who are not able to provide suitable premises. The Partnership Support Manager, DWP said sixty percent are of claims are currently been referred to assessment centres, the aim is to reduce this and encourage decisions to be made through paper assessment.

A panel member asked why the application process takes so long. The Partnership Support Manager said it was 26 weeks in the beginning now average is six weeks things have improved but aim to reduce time frames even further. This will be achieved by having the right evidence at the beginning of the process.

A panel member said the case studies in the report highlight that there seemed to be a lack of sensitivity amongst staff highlighting there may be training needs. The Partnership Support Manager said poor treatment of claimants is not justifiable and should be escalated to customer services. Claimant champions also want to hear about this. Assessment managers need to be informed if an issue of this nature occurs.

A panel member asked why so many appeals are successful given the high level of face to face assessments. The Partnership Support Manager said decisions are not made during home visits, clients are awarded points and the final decision is made by DWP. The claim forms take longer to complete but they aim to get a holistic understanding of the condition.

A Panel member asked why penalties are not built into the contract so that independent assessors receive financial sanctions if they fail to deliver a service. There should be clear recognition that they are dealing with vulnerable adults who may not have the cognitive ability to plan their accessibility. The failures in this

service leading to high levels of successful appeals must be placing a huge financial burden on the tax payer and will have an impact on the council at a time then there is limited resource.

The Partnership Support Manager accepted the Panel's concerns and suggested a meeting with the independent assessment teams, Merton CiL, Merton and Lambeth Citizens Advice to address these issues.

The Panel agreed there will be a meeting with independent assessors within the next four weeks to address this issue and determine if there are premises in Merton that can be used. Following this meeting there will be a report back to this Panel.

RESOLVED

Chair to participate in meeting with Independent Assessment Services, DWP, Merton CiL, Merton and Lambeth Citizens Advice to address issues raised and report back this Panel.

5 UNIVERSAL CREDIT ROLL OUT IN MERTON (Agenda Item 5)

The Head of Service Merton and Lambeth Citizens Advice gave an overview of the report and stated that many Merton residents are refused their benefit claim on a 'right to reside' basis. This is often overturned on appeal and therefore implies that the criteria was applied incorrectly in the first instance. They are issuing more food bank vouchers. Housing costs are an issue as claimants are now responsible to pay it, previously payments went directly to landlord. There has been a decrease in benefit overpayments.

The Head of Revenue and Benefits gave an overview of the report and stated that Merton had been a pilot for rollout of Universal Credit for some wards since January 2016.

A panel member said many people find it difficult to understand what benefits are available to them. The Head of Revenues of Benefits said all new claimants will be transferred to universal credit, some residents think there is a choice and it is confusing. The Benefits team are able to support people over the phone, however the process is administered by Jobcentre Plus.

The Jobcentre Plus Manager said there had been an improvement in the speed in which claimants are receiving their benefit payments, people can apply for advance payments. Benefits are issued on monthly basis which may explain why there is a shortfall and need for food vouchers. Jobcentre Plus are also working with partner organisations to tackle digital exclusion.

RESOLVED

The Panel thanked officers for the report and asked for a further update in six months time.

6 PREVENTING LONELINESS IN MERTON - DEPARTMENT ACTION PLAN

(Agenda Item 6)

Loneliness in Merton

The Senior Principal Public Health Officer gave an overview of the report and stated that loneliness considerations will be included in falls, hoarding and volunteering strategies. All the task group recommendations have been implemented and wider work is taking place including fire safety visits.

The task group chair said she was pleased to see the progress with the work. Officers were asked to remember that some Merton residents are registered with GP surgeries outside the borough.

Councillor Brenda Fraser said she is a befriender with Age UK Merton, Panel members were invited to consider if they wish to apply for the role as more volunteers are needed.

RESOLVED

The Panel thanked officers for the progress with the work and asked for a further update in six months time.

7 HEALTHWATCH MERTON - FUTURE PROCUREMENT ARRANGEMENTS (Agenda Item 7)

The Consultation and Community Engagement Manager gave an overview of the report highlighting that Healthwatch had conducted a wide range of consultation as well in depth reviews of specific issues and they also made use of their power to 'enter and view' care homes.

It was reported that in regards to future procurement, Local authorities are free to provide the service as they see fit. Given there is a lack of competition in the market this service will be incorporated into the voluntary grants programme.

RESOLVED

The Panel thanked the Consultation and Community Engagement Manager for the report.

8 HEALTH & WELLBEING BOARD AND HEALTH & WELLBEING STRATEGY UPDATE (Agenda Item 8)

The Director of Public Health gave an overview of the report

The Cabinet Member for Adult Social Care and Health said the Health and Wellbeing Board works well with voluntary sector and Merton Clinical Commissioning Group. The aim is to continue to build on the work of the last four years.

A panel member asked for clarification on the childhood obesity figures and expressed concern about the impact of charging in parks. The Director of Public

Health said they working closely with colleagues in environment to understand if there are any potential effects.

A panel member said there are difficulties in GPs being encouraged to refer people to voluntary sector services. The Director for Public Health said they are working closely with practices to make referrals easier through social prescribing. The evaluation has demonstrated that this project has freed up GP time. It is now being rolled out across East Merton.

A panel member said female life expectancy between the East and West of the borough had improved but for men it has decreased. The Director of Public Health said this analysis is taking place and the annual public health report will provide more information.

RESOLVED

The Panel thanked the Director for her Report

9 WORK PROGRAMME (Agenda Item 9)

The Panel noted the work programme report

RESOLVED

The Chair asked Panel members to contact the scrutiny officer with suggestions for the future work programme.

Committee: Healthier Communities and Older People overview and scrutiny panel

Date: 25th June 2018

Wards: All

Subject: Adult Social Care - Department update and current priorities

Lead officer: John Morgan, Assistant Director – Adult Social Care; Community & Housing

Lead member: Cllr Tobin Byers – Cabinet Member for Adult Social Care and Health

Contact officer: Phil Howell – Interim Head of Adult Social Care; Community & Housing

Recommendations:

-
1. That members discuss and comment on the report and the progress made against key strategic and operational priorities in Adult Social Care
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of the report is to provide the panel with an overview of Adult Social Care in Merton, including an overview of the work of the department and key issues, challenges and priorities for the year ahead.
- 1.2. This report provides an update on key activities of the department including:
 - Merton Health and Care Together
 - Delayed Transfer of Care performance
 - ADASS Peer Review

2 DETAILS

The national and local context & challenges

- 2.1. The challenges for our department, in the context of integration and the sustained restraint on public sector spending, the ongoing parallel pressures on health services, the fragility of the market and pressure on market providers are well documented and recognised nationally. The numbers of Merton residents with risk factors for long term conditions, and the inequalities in health risks and health outcomes; the pressures in providing adult social care to an ageing population with more complex needs; the increased complexity and cost of meeting the needs of disabled adults; the rising cost of property and rent; the shortage of suitable and affordable homes; the availability of suitable temporary accommodation for homeless households in borough; and the impact of welfare reform impacting on homelessness, are all significant challenges to our operating model.
- 2.2. Long term demographics have two complementary trends at work:
 - The demographic bulge of the ‘baby boomer’ generation, who are now reaching retirement in the first decades of the 21st Century; and

- The increasing longevity of that population, with life expectancy at birth now 79.5 years for men and 83.1 for women.
- 2.3. As a consequence, the population aged 75 and over is projected to double in the next 30 years and the number of people over 85 in the UK is predicted to more than double in the next 23 years. As the population ages, it is predicted that by 2030 there will be:
- 45% more people living with diabetes
 - 50% more people living with arthritis, coronary heart disease or stroke
 - 80% more people living with dementia
- 2.4. These population trends have important, well-reported, impacts on health and care demand as well as adding complexities to public space, housing and service design. They have been exacerbated by related trends in working-age disability, with more disabled people surviving longer and the costs of their support increasing. As a result, social care for people of working age now costs local authorities as much as that of older people. In addition, these trends increase the demands on the health & care workforces. With the working age population shrinking relative to the older population, there is a significant workforce supply risk.
- 2.5. These trends have played out at a time of public spending austerity, with falling real-terms public spending on social care in particular; 11% in real terms between 2009/10 and 2015/16.
- 2.6. Our three strategic priorities are
- **Demand management** – making best use of the available resource to manage demand. Ensuring prevention and early intervention is at the heart of what we do; delaying, avoiding and reducing the need for more intensive interventions. Integrating with health through the Merton Health & Care Together programme. Managing demand through better use of digital channels, self-service and self-management. Ensuring our pathways are defined and there is ease of access for borough residents. For services where we are seeking to increase demand (e.g. libraries and adult learning) we will work collectively to promote prevention and wellbeing to try and minimise residents from requiring high cost support.
 - **Market capacity & capability** – ensuring we have a well-managed, sustainable and capable health and care market in all our commissioned services. That the market has both sufficiency of supply (including workforce) and the diversity of service provision to meet with people’s expectations for community based leisure, training, learning, volunteering and employment. That there is a range of suitable and decent accommodation available in the borough. Ensuring we work with statutory partners and regulators to ensure Merton has safe services and high performing providers serving our residents; and we work collaboratively with other boroughs and partners to maximise our procurement strength.
 - **Commissioning** – developing our departmental commissioning function to ensure that we have the internal capacity and capability to work effectively with external partners and ensure an appropriate, sufficient and diverse supply of

good quality services, ensure that we proactively quality assure and performance monitor providers and that we manage provider failure procedures effectively. Our commissioning activity will be well planned, based on available evidence and data and outcomes focused. Our commissioning activity will make best use of all the available resources, across the whole system, to achieve the best outcomes for residents of Merton and ensure we have skilled teams who deliver excellent outcomes through contract management processes.

2.7. The Care Act's (2014) ambition of integration is supported by legislation that asks local authorities to work closely with health partners wherever sensible to do so. The Care Act combined, replaced and overhauled substantial amounts of previous legislation and with it, brought a range of new duties. New duties in relation to assessment against national eligibility criteria, irrespective of the person's ability to pay and their current care and support situation means the threshold for assessment is substantially lowered, as it is for carers, who are no longer identified as someone providing 'substantial' care to another. There are a range of duties in relation to wellbeing and prevention and new duties for commissioning with regards Market Shaping and sustainability.

2.8. The department, in line with the rest of the council, has a challenging set of savings targets to achieve over the next four years in order to balance the budget as the money the council received from central Government continues to decrease. This means we having to take difficult decisions. The principles we will apply to this task are:

- maintaining focus on delivery of our statutory functions;
- seeking longer term sustainable solutions, rather than pursuing short term savings that generate longer term costs;
- community and Housing working together to deliver safe and effective services that meet the needs of residents of the borough.

2.9. The future funding of Adult Social Care is under review. The timing of the future funding of Adult Social Care is tied to the upcoming Green Paper (due in July), the Government's integration agenda and potentially the future funding of the NHS. In the mean time we have to plan on the basis of what is known, and assume that that there will be no additional resources for Adult Social Care.

Overview of department activity and performance

2.10. Figures from our annual statutory return show that during 2017/18 Merton provided 2,385 people in Long Term Support. This included 423 aged 18-64 with a learning disability, 288 aged 18-64 with a physical disability, 76 aged 18-64 with Mental Health or Substance Misuse support, 20 aged 18-64 with other support reasons and 1,578 older people. Overall 75% of our customers aged 18+ were supported in the community.

2.11. Merton offered 3,122 long term services to customers aged 18+ during 2017-18. 259 were supported in long term Nursing Care, and 355 in long term Residential Care, 1,200 received domiciliary care services and 551 were in receipt of a Direct Payment. A further 757 received other types of community based services.

2.12. The reablement outcome monitoring trend data for April to March 2018 showed that on average around 73% were reabled and 27% went onto receive long term support. In July 2017 we analysed the reablement outcome data manually and it suggested that of those customers who went onto receive long term support their reablement episode had been partially successful in maintaining or increasing independence.

Merton Health & Care Together Programme

2.13. In 2014, the NHS published its Five Year Forward View. This document promoted integrated care, describing how the delivery of NHS services was to be redesigned through new models of care that dismantled traditional organisational boundaries – such as those between the NHS and social care, or between community care and hospital services. These models of care provide a way of improving quality while making the whole system more efficient. How this will work in practice will vary across the country. Merton is pursuing the Multispecialty Community Provider (MCP) model, in which GPs, social care and other community based health practitioners (e.g. district nurses, pharmacists) work together to provide most out-of-hospital care for a registered list of patients, with a delegated responsibility for managing the health service budget for their registered patients. This programme of work is progressing as the Merton Health & Care Together Programme.

2.14. The vision of the programme of work is “*working together, to provide a truly joined up, high quality, sustainable, modern and accessible wellbeing system for all people and partners of Merton, enabling them to start well, live well and age well*”. A programme board has been established with a representation across health and social care and further details of the programme of work will emerge through reports to the Health and Wellbeing Board and overview and scrutiny routes.

2.15. There are specific work streams that involve Adult Social Care and these predominantly focus on delivering more joined up front line care and support to individuals. We are involved in the development of Integrated Locality Teams based around 4 newly formed clusters of GP surgeries across the borough. The teams will focus on a defined population of patients and coordinate better care and support that works proactively with the individual in order to avoid unnecessary attendance at and admission to hospitals. It also aims to support and maintain independent living at home.

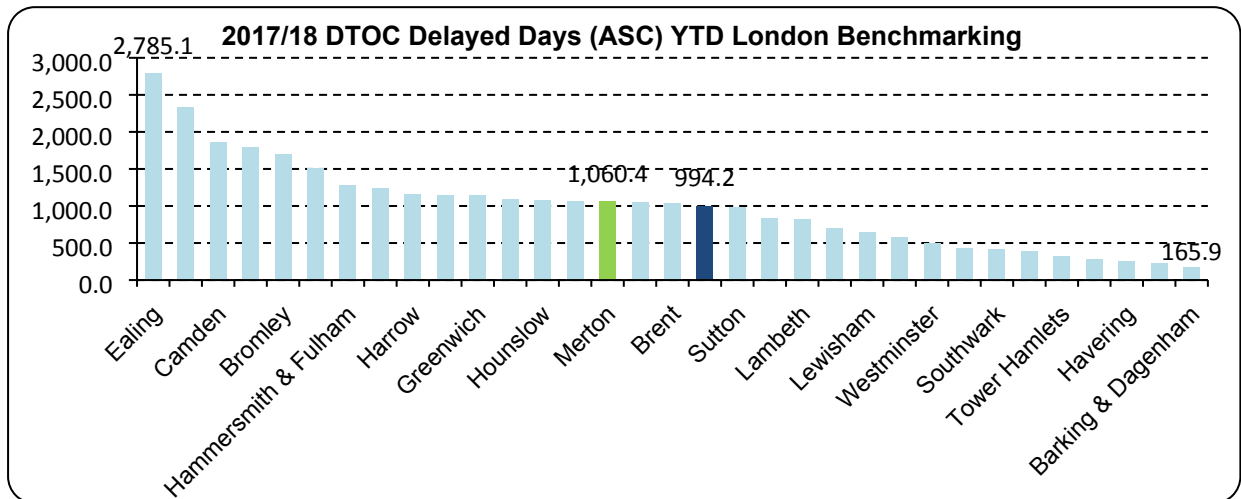
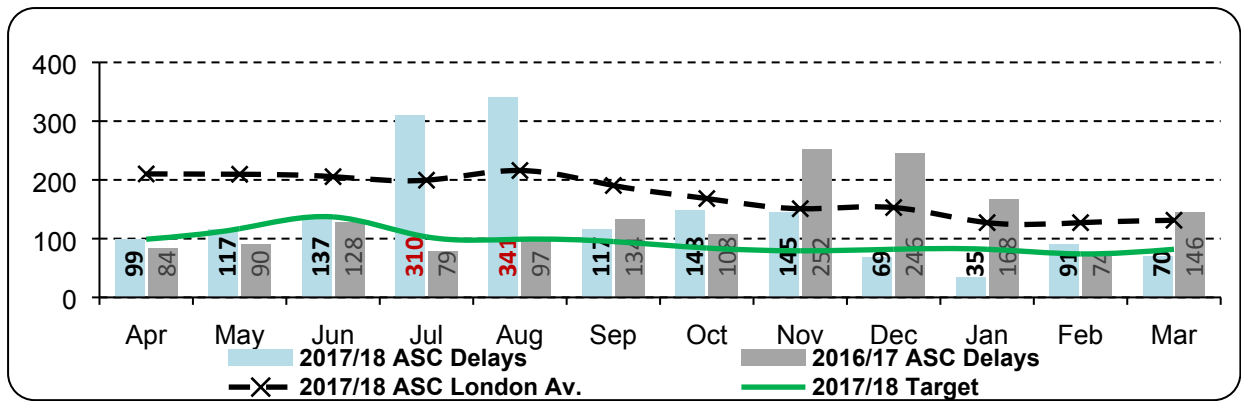
2.16. Adult Social Care will also be playing a key role in the work around integrated intermediate care. This supports timely discharge from hospital and supports people to remain at home successfully, following a stay in hospital. This work is about putting the right services in place and coordinating the response across health, social care and housing. We trialled some of this work in the winter months of 2017/18 and it proved hugely successful. We now have further work to join up our services with community health rehabilitation and therapies and focus on avoidable admission by supporting people in their community and at the hospital Emergency Department.

Delayed Transfer of Care performance

2.17. The Care Act updates and re-enacts the provisions of the Community Care (Delayed Discharges etc.) Act 2003, which set out how the NHS and local authorities should work together to minimise delayed discharges of NHS hospital patients from acute care. The NHS is still required to notify relevant

local authorities of a patient's likely need for care and support and (where appropriate) carer's support, where the patient is unlikely to be safely discharged from hospital without arrangements for such support being put in place first (an assessment notice). The NHS also has to give at least 24 hours' notice of when it intends to discharge the patient (a discharge notice).

- 2.18. A delayed transfer of care (DToC) from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.
- 2.19. A patient is ready for transfer when:
- a. A clinical decision has been made that patient is ready for transfer and;
 - b. A multi-disciplinary team decision has been made that the patient is ready for transfer and;
 - c. The patient is safe to discharge/transfer.
- 2.20. A multi-disciplinary team (MTD) in this context is made up of people from different professions, including social workers where appropriate, with the skills and expertise to address the patient's on-going health and social care needs. If there is any concern that a delay has been caused by the actions or inactions of a local authority, they should be represented in the MDT. Delayed discharge can occur for a number of reasons. Waits for appropriate support can be for health, social care and housing reasons. The way that the team is organised and functions is fundamental to timely discharge and to the patient's wellbeing.
- 2.21. 'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting. It is a decision that balances the acute care requirements of the patient, the typical desire of individuals to return to their home environment at the earliest opportunity, the potential harm associated with staying in hospital and the needs of other more acutely ill patients.
- 2.22. Too often, early discharge is seen as 'freeing up a bed' rather than acting in a patient's best interests to move them swiftly to a safer, more familiar environment that will encourage supported self-management, speed recuperation and recovery, and have them feel better.
- 2.23. Individuals may still have on-going care and assessment needs (e.g. therapy or social care assessment), but these needs can often be and should be met in the community.
- 2.24. The following graph shows Merton's' performance over the last financial year, and benchmarks our performance against the London average.
- 2.25. Tables 1&2: 2017/18 Monthly snapshot - DToC (ASC) Total Delayed Days & London Benchmarking



2.26. It is worth noting that, although the annual average for Merton was above the London average, this is due to having to recover a position of comparatively poor performance in the second quarter of 2017/18. The Council did seek clarity on the data submitted by the acute trusts for these months. It is worth noting that DTOC is counted in terms of days, rather than people, meaning that one or two complex discharge processes can cause a spike in the data. In the Final quarter of the year the department had managed to turn that performance around to being the best performing council in London. This pattern of performance has continued into the first months of 2018/19 and we continue to show very few DTOC days that are attributable to Adult Social Care.

2.27. Ahead of the winter period we worked hard with health colleagues in the community and the acute trust to develop our relationships and joint working. Daily and weekly meetings of clinicians and professionals were initiated to help facilitate better discharge. We also initiated discharge to assess processes which meant that the person could return home or to an alternative community based bed and assessments are undertaken in this setting, rather than the hospital, to determine the longer term care and support needs of the individual.

2.28. A 'handy person' service was also commissioned to ensure minor aids, home adaptations, telecare equipment and key safes could all be installed quickly and in a timely manner. They also made manual adjustments for example, relocating bedroom furniture to the downstairs; meaning that, often, a person could return home where before the environment may have been deemed unsuitable or presented substantial risk.

- 2.29. Maintaining and continuing to improve our DToC performance is a key target and measure in several programmes of work including the Better Care Fund and Improved Better Care Fund delivery and the Merton Health and Care Together Programme.

ADASS Peer Review

- 2.30. In February 2018 Community and Housing hosted a peer review of Commissioning. This process is a chance to stop & reflect and forms part of London ADASS Quality Assurance process and acts as an alternative to inspection, as Adult Social Care departments are not subject to statutory regulation in the way that Children's' services are with Ofsted and CQC. The process gives a choice of 3 themes: safeguarding, Commissioning and Use of Resources.
- 2.31. The process involves an onsite visit by a team of reviewers, formed by colleagues from other local authorities who have significant experience and expertise in the chosen field for review, in Merton's case: Commissioning.
- 2.32. Commissioning is the strategic planning and delivery of services that make best use of our resources and the focus will be about how we work better with our partners including public health, the CCG and other agencies within a 'whole system' to plan for the future and utilise our resources to improve outcomes for our customers.
- 2.33. Good commissioning starts from an understanding that people using services, and their carers and communities, are experts in their own lives and are therefore essential partners in the design and development of services. Good commissioning creates meaningful opportunities for the leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of local services
- 2.34. The 'exam question' we set ourselves, and that we asked the peers to review was "How well placed is community & housing to meet its statutory duties and the challenges ahead through its approach to commissioning services?"
- 2.35. The review team spent two days examining our processes, partnerships, funding and engagement arrangements through direct observation, meetings with key stakeholders and partners and by attending meetings that we hold as part of our business as usual. On the third day of the review the reviewers coordinate their observations into feedback and presented this to senior managers within the Council, elected members and our partners.
- 2.36. This is a summary of their findings:
- The team found Merton and partners open and welcoming
 - Staff teams are working hard, are well intentioned, knowledgeable and committed
 - There is insight into most issues providing a platform to build on and we hope this review will help Merton move forward

- There is effective Member and partner engagement which is a great opportunity to co-produce the Merton Way for the wellbeing of residents
- In the spirit of self directed improvement the team attempted to identify good practice as well as areas for reflection which may suggest ways for improvement
- Partners and stakeholders praised staff
- There are examples of joint working: Joint Intelligence Group with CQC, CCG and Merton Seniors Forum where provider issues are shared; Inclusion of voluntary sector in quality monitoring; Volunteering – strong recruitment & retention

- 2.37. The review team also identified areas for development and we are considering these in developing our options for a Community & Housing Commissioning Function, which includes Adult Social Care, moving forward:
- 2.38. The opportunity to develop a clear commissioning vision, strategy and action plan based on a thorough understanding of demand and need. Bringing together commissioning resources to work across the Directorate, with a close interface with corporate procurement, so that the commissioning team are able to continue to fulfil market shaping duties;
- 2.39. Using resources across the Directorate with a focus on prevention & wellbeing. Develop a shared narrative for Merton, leading to an outcomes framework for population groups and marrying up intentions and resources with the CCG; and
- 2.40. Continue to develop consistent and structured engagement with providers and stakeholders, including regular provider forum(s). Encourage providers to be active in maturing the market. Further developing our proactive approaches to quality and contract monitoring.

3 ALTERNATIVE OPTIONS

- 3.1. n/a

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. There will be a full communications and engagement plan drawn up for the Merton Health & Care Together Programme and this will define the strategy for involving stakeholders throughout the programme of work.
- 4.2. In redesigning processes and pathways, Adult Social Care will look to engage where necessary with stakeholders and will also undertake an consultation, statutory or otherwise, where ever it is deemed necessary.

5 TIMETABLE

- 5.1. n/a

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. Adult Services ended 2017/18 with a £656k overspend, compared to a £909k overspend forecast in December 2017. At time of writing, we do not

have the results of the first budget monitoring round, but the draft view looks like a stable position.

- 6.2. ASC has £1.5m of savings to make in 2018/19. These are previously agreed savings and no new savings have been added to 2018/19 requirements. As at the end of May, £575k had already been achieved, and so the service is on track. One saving in relation to day service transport requires more work and is unlikely to be achieved this year.
- 6.3. The future funding off Adult Social Care is under review nationally and we are expecting a Green Paper in the summer. Equally the Better Care Fund is coming to an end in 28/19 and as yet future arrangements are unclear.

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1 The services of the department are covered by a wide range of specific and general legislation and regulations. The primary responsibilities are set out below. However, there are a myriad of additional regulations, such as the Choice Directive which sets out the right of people going into residential care to have a choice about where they live.
- 7.2 Adult Social Care core legislation is the Care Act 2014, which sets out a number of core duties in relation to people 18 years and older who have an eligible social care need. These include:
 - Assessing need, producing support plans and commissioning or providing services to adults over 18 years old
 - Promoting people's wellbeing
 - Safeguarding vulnerable adults
 - Providing advice and information to everyone;
 - Ensuring that people have access to financial advice and to advocacy;
 - Overseeing the local care market including mitigating any provider failure
- 7.3 In regulations, national policy and some funding streams there is a presumption of increasing integration with health services where possible. Although there is no prescribed model, there are three forms being pursued nationally. Merton is pursuing a Merton Care & Health model that meets local needs.
- 7.4 Other key legislation includes the Mental Capacity Act 2005, which sets out people's rights to make decisions for themselves and the process to be followed when a person lacks capacity to make a particular decision. The Act importantly sets out that a person's capacity relates to each decision and cannot be a generic assessment. The Deprivation of Liberty Safeguards (2010) set out the rules around restrictions placed on people in health or care settings.
- 7.5 Direct Provision is subject to regulation and inspection by the Care Quality Commission, as are the integrated Learning Disability, the Reablement team and Mental Health teams. Other ASC functions can be subject to CQC inspection, but this is now by exception.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. There are no direct implications of this report as it is intended as an update paper. In general terms, Adult Social Care services are provided to and meet the needs of adults who would be considered protected under the protected characteristics of the equalities act, in the main – disabilities and age related. Several other protected characteristics would also be considered dependent on the decisions being taken.
- 8.2. As a department we are committed to upholding the human rights of our residents and to considering the impact on community cohesion with regards the delivery of our statutory functions.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. n/a

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. n/a

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

-

12 BACKGROUND PAPERS

- 12.1.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 25th June 2018

Wards: All

Subject: Home Share Scheme task group – Update on the implementation of the recommendations

Lead officer: John Morgan, Assistant Director Adult Social Care, Community & Housing

Lead member: Tobin Byers, Cabinet Member for Adult Social Care and Health.

Contact officer: Richard Ellis, Head of Community & Housing Strategy & Partnerships

Recommendations:

- A. That the panel discuss and comment on the progress on choosing a Home Share partner
 - B. That the panel discuss and comment on the plan for the implementation of the scheme
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The report sets out the actions taken and further plans in response to the decision of Cabinet in February 2018 to support a Home Share scheme in Merton.

2 DETAILS

- 2.1. In June 2017 the Healthier Communities and Older People Overview and Scrutiny Panel agreed to undertake a scrutiny review of Home Share schemes.
- 2.2. Home Share is a reciprocal arrangement between householders, usually but not exclusively older people, with a spare room, who also have low level support needs, and a sharer who commits to undertaken a certain level of support in return for a licence to occupy the spare room.
- 2.3. Typically, the sharer is younger person, student or public service worker who needs accommodation and is able to provide additional support. It is important to note that the sharer is expected to provide companionship and domestic support, not personal care. As such, these schemes are not regulated by the Care Quality Commission.
- 2.4. The purpose of the task group was to consider if a scheme of this nature would be beneficial for the residents of Merton. The Panel's recommendations to proceed with a scheme were presented to and accepted by Cabinet at its meeting on 19 February 2018.
- 2.5. Since that decision, officers have undertaken further research and market testing to establish the options for choosing a referral partner. It is important

in choosing a partner to under due diligence, with particular emphasis on their approach to safeguarding.

- 2.6. That research indicated that there are only two schemes that purport to operate in Merton, but only one that currently has home share clients in Merton. As that scheme also operates from the borough, officers decided that it was appropriate to take forward discussion with that provider, Share & Care, who are based in Thornton Road, Wimbledon.
- 2.7. Discussions with Share & Care have established that they are a potential suitable partner. They currently have 4 home share arrangements in Merton. The key elements of their offer include:
 - 2.7.1 That they are well established in the field;
 - 2.7.2 They understand Merton, as a place and a community;
 - 2.7.3 They have appropriate safeguards and policies in place;
 - 2.7.4 Although no personal care is provided, sharers are subject to similar checks as a care worker;
 - 2.7.5 They are able to provide face-to-face support in Merton to householders and sharers;
 - 2.7.6 They are clear on the legal, financial and regulatory issues.
- 2.8. Share & Care charge both the householder and the sharer £150 per month. The sharer occupies under licence and makes no payment to the householder. Instead, they commit to providing 15 hours per week in support, of which 10 hours should be practical support and the balance is generally companionship.
- 2.9. It is officers' view that householders must have the capacity to understand what they are taking on. This does not preclude householders or sharers with dementia or a learning disability, but a Mental Capacity Act assessment in relation to this particular decision may be necessary.
- 2.10. Officers also believe that Home Share may not be suitable for a householder who has no other form of regular contract with family or friends, as this would increase their level of dependency on a sharer. This could increase their vulnerability to the sharer, but also place the sharer under unfair pressure to maintain the relationship when their need to share has ended.
- 2.11. Householders who enter into a share will need to be aware of all of the implications of sharing, including financial. These include the monthly costs of the scheme and the loss of single persons Council Tax discount.
- 2.12. LBM would not be making payment to Share & Care, but would be undertaking to promote the scheme with partner organisations and encourage our own staff to make referrals where appropriate. This would not preclude other agencies from operating in Merton, but we would be making and encouraging referrals to just one agency.

3 NEXT STEPS

- 3.1. Officers will take the following next steps:

- 3.1.1 Verify the safeguarding and other policies;
- 3.1.2 Verify that the stated checks on sharers are carried out;
- 3.1.3 Interview a sample of Merton based householders and their sharers to establish their experience of Share & Care as a provider.
- 3.2. If those checks are satisfactory, we will then:
 - 3.2.1 Develop material for staff and partners setting out when Home Share might be a suitable option and the referral method;
 - 3.2.2 Work with Share & Care to promote the scheme through written materials and ‘Lunch & Learn’ sessions for staff and partners.
 - 3.2.3 Monitor the take up and success of any referrals made over the first year;
 - 3.2.4 Review the scheme at six months and one year.
- 3.3. We aim to complete the checks by the end of June, with the aim of starting promotion in September 2018.

4 ALTERNATIVE OPTIONS

- 4.1. Do Nothing – home share providers are able to promote their service and receive referrals without the council’s direct involvement. However, experience shows that take up is low and householder and potential sharers may be missing out on an opportunity as a result.
- 4.2. Promote all potential home share providers – this would provide choice, but would increase the workload for the council in checking and monitoring referrals. It may also reduce the effectiveness of referrals as our staff and partners would not have the same knowledge and contact with the agencies.
- 4.3. Choose and refer to one verified agency – this is supported by the relatively low level of business. It would allow us to monitor the scheme more closely and to ensure that our staff and partners who might make referrals have the opportunity to meet with the agency concerned.

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1. This is a voluntary scheme that is in addition to services the council offers. The Panel undertook significant research in coming to its recommendations. Further consultation is therefore not felt necessary.

6 TIMETABLE

- 6.1. Complete verification by 30 June 2018
- 6.2. Launch partnership by early September 2018.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 7.1. The council would not be making payment to Share & Care. As sharers do not provide personal care, it is unlikely that the householder payment would be part of a service users personal budget other than in exceptional circumstances and then it is likely to be part of a direct payment.

8 LEGAL AND STATUTORY IMPLICATIONS

- 8.1. The council has a duty to promote wellbeing, and this scheme is part of the council meeting its duty.

- 8.2. The Authority will not be entering into a contract with Share & Care, the homeowners or the sharers. The Council's role would be limited to referrals and sign posting persons who appear to be eligible to join the Home Share scheme in Merton. In making referrals and promoting the Home Share scheme, the Council must consider its various legal duties to residents of the borough and be satisfied that the scheme would promote the wellbeing of those who participate in the scheme.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 9.1. Both the householders and the sharers enter into the arrangement voluntarily and have the right to terminate the arrangement with notice.
- 9.2. The scheme can be part of promoting inter-generational cohesion and inclusion as sharing is typically between an older householder and a younger sharer.

10 CRIME AND DISORDER IMPLICATIONS

- 10.1. There are potential risks in home sharing, but with appropriate safeguards in place these are no greater than in general day to day life. A householder with a sharer may actually be at reduced risk of crime compared to an isolated householder.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 11.1. There is a reputational risk to the council if a referral results in a home share that goes wrong. This is mitigated by the checks being undertaken before we commence any referrals.

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- none

13 BACKGROUND PAPERS

- 13.1. Cabinet paper 19 February and Panel report attached as an appendix to that report.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 25 June 2018

Wards: ALL

Subject: Personal Independent Payments Process

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

- A. That the Panel agree to continue to scrutinise the operation of Personal Independent Payments process in Merton.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report provides an overview of the work of this Panel to address the concerns local organisations faced when supporting residents to apply for the Personal Independent Payment. The Personal Independence Payment (PIP) is a benefit that helps with the extra costs of a long-term health condition or disability for people aged 16 to 64. It's gradually replacing Disability Living Allowance .

Local organisations such as Merton Centre for Independent Living, Adults First and Merton and Lambeth Citizens Advice have highlighted that many disabled and vulnerable residents applying for PIP often experience financial loss, stress and anxiety. The detrimental impact on the health of this group and the fact that it exacerbates health inequalities means that it falls within the remit of this Panel. Therefore this should remain a priority area for scrutiny until the issues are resolved.

- 1.2. The Panel has discussed this issue on two occasions; 06 September 2017, 13 March 2018. A further meeting with the Chair , Vice Chair and local residents was held on 22nd May 2018. The note of the May meeting is attached.

2 DETAILS

- 2.1. This issue was discussed by the Panel in September 2017 and although the Department for Work and Pensions Representatives provided a report to the Panel they were not able to attend the meeting. This meant that the Panel were not able to engage in a full discussion of the issues and concerns.
- 2.2. Colleagues from DWP did attend the Panel on 13 March 2018 meeting to respond to the issues raised by Merton Centre for Independent Living and Citizens Advice Merton and Lambeth. The key issues raised included:
- 2.3. Inaccessible assessment centres - This includes centres which are physically inaccessible, or those located far away from the claimants home. There are no assessment centres located within Merton.

- 2.4. Overbooking of assessment centres - This leads to last minute cancellations or excessively long waits at assessment centres.
- 2.5. Inaccurate Assessments - Many people are wrongly being found ineligible for PIP at assessment stage and are being forced to go to tribunal
- 2.6. Merton and Lambeth Citizens Advice and Adults First, a carers organisation attended the Panel in March to express their concern with the PIP process. They reported that many people found the application form difficult to complete and some aspects of the assessment process were daunting especially for people with mental health problems.

It was agreed to hold a further meeting outside of the Panel with the Independent Assessment Service, who are contracted by DWP to conduct PIP assessments. This meeting took place on the 22nd May and the notes are attached.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Panel will be consulted at the meeting

5 TIMETABLE

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2018/19

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

12 NOTE

13 BACKGROUND PAPERS

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**Meeting with Department for Work and Pensions and Merton Representatives.
22nd May 12noon -2.00pm, Merton Civic Centre**

Present: Councillor Peter McCabe (Chair) Councillor Andrew Howard, Lyla Adwan-Kamara, Chief Executive, Merton Centre for Independent Living. Karen Brunger, Service Manager Merton and Lambeth Citizens Advice. Alan Wylie, Merton Disability Benefits Adviser, Merton and Lambeth Citizens Advice. Kam Patel, Partnership Manager DWP Maria Monaghan, Independent Assessment Services (IAS) Sue Hubbert, Adults First, George McAdam, Adults First.

The Chair invited voluntary sector colleagues to give an overview of the challenges they have been facing with the Personal Independent Payment process.

Merton Centre for Independent Living

There are a higher proportion of applications turned down in Merton than the England average. There are also a higher number of appeals and higher overturn rate. Refusals are above average.

There are access issues as many of the assessment centres are difficult to get to. Merton residents are sent to Vauxhall which is not accessible by public transport.

There are problems with overbooking where people have to wait a long time and may be sent home.

Many assessments of client's mobility are fundamentally incorrect.

It was noted that there are a large number of people being transferred to PIP and the voluntary sector will not have the capacity to support them all. It is important that Department for Work and Pensions (DWP) and Independent Assessment Services (IAS) rectify the systemic problems within the process.

Merton and Lambeth Citizens Advice

Over five hundred clients have been supported on issues with PIP regarding eligibility appeals and making a claim

The claim form needs to be reviewed as many clients are finding it difficult to complete.

Clients are having difficulty successfully being awarded mobility element at first application. As a result their cars taken away causing unnecessary stress and hardship as the vehicles are reinstated after appeal.

Adults First

The forms are very complex.

The assessment interview had a high emotional cost as it involves numerating all of the personal difficulties that the person with a learning disability is faced with.

There was support for the audio recording of assessments as recommended in the House of Commons Work and Pensions Committee Report on Employment and Support Allowance (ESA) and PIP Published on 14th February 2018. The report states that:

Offering audio recording of assessments by default would reassure claimants that an objective record of their appointment exists, to call on in the event of a dispute. Providing a copy of the assessors' report by default with claimants' decision letters would also introduce essential transparency into decision-making.

Assessors need higher level of training to deal with mental health issues.

Response from Independent Assessment Service

The IAS recognise there are issues in relation to working with clients with a hearing disability and they are working with the British Deaf Association to address this.

Changes have been made to make the process easier such as assessors attending day centres and installing designated rooms which are light and noise sensitive

IAS will need specific details of clients before the issues can be addressed. They are happy to follow up the issues raised by the local residents at the scrutiny meeting.

There are issues across the country but they need further evidence about the specific issues in Merton so further investigations can take place.

Overbookings are managed at a local level using local intelligence on which appointments are likely to be filled. Session management is determined according to a number factors. Whilst overbooking cannot be stopped as assessors will not be working at capacity, there should not be large numbers of people waiting and sessions cancelled. It was emphasised that everyone should be treated with respect and dignity.

IAS reported that assessors are from a wide range of professions including; mental health nurses, learning disability professionals, physiotherapists. They must have had two years in their profession. They have four levels of training

Colleagues asked for details of the modules of training for assessors which has been received.

Actions arising from the meeting

- There needs to be a line of communication between voluntary sector and IAS, Maria Monaghan has provided details and said people can contact her directly
- IAS to review overbooking in Croydon and Wandsworth
- IAS to review circumstances in which Merton residents are being sent on long journeys for assessments. An example is from Merton to Barking.
- IAS to review the higher than average PIP denial rate in Merton. This is 29% in Merton and 27% as the national average.
- Merton CiL will work with peer audit of accessibility of Wandsworth Centre
- Healthier Communities and Older People Overview and Scrutiny Panel to monitor this issue on an ongoing basis with regular reports to the panel.
- Voluntary sector colleagues to monitor the numbers of clients who are facing challenges with PIP and report specific issues to IAS.

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Committee:	Healthier Communities and Older People Overview and Scrutiny Panel
Date:	25 June 2018
Wards:	All
Subject:	Healthier Communities and Older People Overview and Scrutiny Panel Work Programme 2018/19
Lead officer:	Stella Akintan, Scrutiny Officer
Lead member:	Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel
Contact officer:	Stella Akintan: stella.akintan@merton.gov.uk , 020 8545 3390

Recommendations:

That members of the Healthier Communities and Older People Overview and Scrutiny Panel:

- i. Consider their work programme for the 2018/19 municipal year, and agree issues and items for inclusion (see draft in Appendix 1);
 - ii. Consider the methods by which the Panel would like to scrutinise the issues/items agreed;
 - iii. Agree on an issue for scrutiny by a task group and appoint members to the Task Group;
 - iv. Consider the appointment of co-opted members for the 2018/19 municipal year, to sit on the Panel and/or on the Task Group;
 - v. Consider whether they wish to make visits to local sites; and
 - vi. Identify any training and support needs.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to support and advise Panel members to determine their work programme for the 2018/19 municipal year.
- 1.2 This report sets out the following information to assist the Panel in this process:
 - a) The principles of effective scrutiny and the criteria against which work programme items should be considered;
 - b) The roles and responsibilities of the Healthier Communities and Older People Overview and Scrutiny Panel;
 - c) The findings of the consultation programme undertaken with councillors and co-opted members, Council senior management, voluntary and community sector organisations, partner organisations and Merton residents;
 - d) A summary of discussion by councillors and co-opted members at a topic selection workshop held on 04 June 2018; and
 - e) Support available to the Healthier Communities and Older People Overview and Scrutiny Panel to determine, develop and deliver its 2018/19 work programme.

2. **Determining the Healthier Communities and Older People Overview and Scrutiny Panel Annual Work Programme**

- 2.1 Members are required to determine their work programme for the 2018/19 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of Merton.
- 2.2 The Healthier Communities and Older People Overview and Scrutiny Panel has a specific role relating to public health, health partners, adult social care and mental health scrutiny and to performance monitoring that should automatically be built into their work programmes.
- 2.3 The Healthier Communities and Older People Overview and Scrutiny Panel may choose to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work. Any call-in work will be programmed into the provisional call-in dates identified in the corporate calendar as required.
- 2.4 The Healthier Communities and Older People Overview and Scrutiny Panel have six scheduled meetings over the course of 2018/19, including the scheduled budget meeting (representing a maximum of 12 hours of scrutiny per year – assuming 2 hours per meeting). Members will therefore need to be selective in their choice of items for the work programme.

Principles guiding the development of the scrutiny work programme

- 2.5 The following key principles of effective scrutiny should be considered when the Commission determines its work programme:
- **Be selective** – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
 - **Add value with scrutiny** – Items should have the potential to ‘add value’ to the work of the council and its partners. If it is not clear what the intended outcomes or impact of a review will be then Members should consider if there are issues of a higher priority that could be scrutinised instead.
 - **Be ambitious** – The Panel should not shy away from carrying out scrutiny of issues that are of local concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gave local authorities the power to do anything to promote economic, social and environmental well being of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.

- **Be flexible** – Members are reminded that there needs to be a degree of flexibility in their work programme to respond to unforeseen issues/items for consideration/comment during the year and accommodate any developmental or additional work that falls within the remit of this Panel. For example Members may wish to question officers regarding the declining performance of a service or may choose to respond to a Councillor Call for Action request.
- **Think about the timing** – Members should ensure that the scrutiny activity is timely and that, where appropriate, their findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. Members should seek to avoid duplication of work carried out elsewhere.

Models for carrying out scrutiny work

2.6 There are a number of means by which the Healthier Communities and Older People Overview and Scrutiny Panel can deliver its work programme. Members should consider which of the following options is most appropriate to undertake each of the items they have selected for inclusion in the work programme:

Item on a scheduled meeting agenda/ hold an extra meeting of the Panel	<ul style="list-style-type: none"> ■ The Panel can agree to add an item to the agenda for a meeting and call Cabinet Members/ Officers/Partners to the meeting to respond to questioning on the matter ■ A variation of this model could be a one-day seminar-scrutiny of issues that, although important, do not merit setting up a 'task-and-finish' group.
Task Group	<ul style="list-style-type: none"> ■ A small group of Members meet outside of the scheduled meetings to gather information on the subject area, visit other local authorities/sites, speak to service users, expert witnesses and/or Officers/Partners. The Task Group can then report back to the Panel with their findings to endorse the submission of their recommendations to Cabinet/Council ■ This is the method usually used to carry out policy reviews
The Panel asks for a report then takes a view on action	<ul style="list-style-type: none"> ■ The Panel may need more information before taking a view on whether to carry out a full review so asks for a report – either from the service department or from the Scrutiny Team – to give them more details.
Meeting with service Officer/Partners	<ul style="list-style-type: none"> ■ A Member (or small group of Members) has a meeting with service officers/Partners to discuss concerns or raise queries. ■ If the Member is not satisfied with the outcome or believes that the Panel needs to have a more in-depth review of the matter s/he takes it back to the Panel for discussion.
Individual Members doing some initial research	<ul style="list-style-type: none"> ■ A member with a specific concern carries out some research to gain more information on the matter and then brings his/her findings to the attention of the Panel if s/he still has concerns.

2.7 Note that, in order to keep agendas to a manageable size, and to focus on items to which the Panel can make a direct contribution, the Panel may choose to take some “information only” items outside of Panel meetings, for example by email.

Support available for scrutiny activity

2.8 The Overview and Scrutiny function has dedicated scrutiny support from the Scrutiny Team to:

- Work with the Chair and Vice-Chair of the Panel to manage the work programme and coordinate the agenda, including advising officers and partner organisations on information required and guidance for witnesses submitting evidence to a scrutiny review;
- Provide support for scrutiny members through briefing papers, background material, training and development seminars, etc;
- Facilitate and manage the work of the task and finish groups, including research, arranging site visits, inviting and briefing witnesses and drafting review reports on behalf on the Chair; and
- Promote the scrutiny function across the organisation and externally.

2.9 The Healthier Communities and Older People Overview and Scrutiny Panel will need to assess how it can best utilise the available support from the Scrutiny Team to deliver its work programme for 2018/19.

2.10 The Panel is also invited to comment on any briefing, training and support that is needed to enable Members to undertake their work programme. Members may also wish to undertake visits to local services in order to familiarise themselves with these. Such visits should be made with the knowledge of the Chair and will be organised by the Scrutiny Team.

2.11 The Scrutiny Team will take the Healthier Communities and Older People Overview and Scrutiny Panel’s views on board in developing the support that is provided.

3. Selecting items for the Scrutiny Work Programme

3.1 The Healthier Communities and Older People Overview and Scrutiny Panel sets its own agenda within the scope of its terms of reference. It has the following remit:

- Formal health scrutiny including discharging the Council’s responsibilities in respect of the Health and Social Care Act 2001;
- Physical and mental health
- Public Health including promoting good health and healthy lifestyles and reducing health inequalities;
- Community Care (adult social care and older people’s social care);
- Active ageing
- Scrutiny of the Health and Wellbeing Board

- 3.1 The Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as agenda items or task group reviews. Suggestions have been received from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Issues that have been raised repeatedly at Community Forums have also been included. The Scrutiny Team has consulted departmental management teams in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.
- 3.2 The councillors who attended a “topic selection” workshop on 04 June 2018 discussed these suggestions. Suggestions were prioritised at the workshop using the criteria listed in Appendix 2. In particular, participants sought to identify issues that related to the Council’s strategic priorities or where there was underperformance; issues of public interest or concern and issues where scrutiny could make a difference.
- 3.3 A note of the workshop discussion relating to the remit of the Panel is set out in Appendix 3.
- 3.4 Appendix 1 contains a draft work programme that has been drawn up, taking the workshop discussion into account, for the consideration of the Panel. The Panel is requested to discuss this draft and agree any changes that it wishes to make.
- 4. Task group reviews**
- 4.1 The Panel is invited to select an issue for in-depth scrutiny and establish a task group.
- 5. Co-option to the Panel membership**
- 5.1 Scrutiny Panels can consider whether to appoint non-statutory (non-voting) co-optees to the membership, in order to add to the specific knowledge, expertise and understanding of key issues to aid the scrutiny function. Panels may also wish to consider whether it may be helpful to co-opt people from “seldom heard” groups.
- 6. Public involvement**
- 6.1 Scrutiny provides extensive opportunities for community involvement and democratic accountability. Engagement with service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Panel.
- 6.2 Service users and the public bring different perspectives, experiences and solutions to scrutiny, particularly if “seldom heard” groups such as young people, disabled people, people from black and minority ethnic communities and people from lesbian gay bisexual and transgender communities are included.
- 6.3 This engagement will help the Panel to understand the service user’s perspective on individual services and on co-ordination between services. Views can be heard directly through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys. From time to time the Panel/Task Group may wish to carry out engagement activities of its own, by holding discussion groups or sending questionnaires on particular issues of interest.

- 6.4 Much can be learnt from best practice already developed in Merton and elsewhere. The Scrutiny Team will be able to help the Panel to identify the range of stakeholders from which it may wish to seek views and the best way to engage with particular groups within the community.

7. ALTERNATIVE OPTIONS

- 7.1 A number of issues highlighted in this report recommend that Panel members take into account certain considerations when setting their work programme for 2018/19. The Healthier Communities and Older People Overview and Scrutiny Panel is free to determine its work programme as it sees fit. Members may therefore choose to identify a work programme that does not take into account these considerations. This is not advised as ignoring the issues raised would either conflict with good practice and/or principles endorsed in the Review of Scrutiny, or could mean that adequate support would not be available to carry out the work identified for the work programme.
- 7.2 A range of suggestions from the public, partner organisations, officers and Members for inclusion in the scrutiny work programme are set out in the appendices, together with a suggested approach to determining which to include in the work programme. Members may choose to respond differently. However, in doing so, Members should be clear about expected outcomes, how realistic expectations are and the impact of their decision on their wider work programme and support time. Members are also free to incorporate into their work programme any other issues they think should be subject to scrutiny over the course of the year, with the same considerations in mind.

8. CONSULTATION UNDERTAKEN OR PROPOSED

- 8.1 To assist Members to identify priorities for inclusion in the Panel's work programme, the Scrutiny Team has undertaken a campaign to gather suggestions for possible scrutiny reviews from a number of sources:
- a. Members of the public have been approached using the following tools: articles in the local press, My Merton and Merton Together, request for suggestions from all councillors and co-opted members, letter to partner organisations and to a range of local voluntary and community organisations, including those involved in the Inter-Faith Forum and members of the Lesbian Gay and Transgender Forum;
 - b. Councillors have put forward suggestions by raising issues in scrutiny meetings, via the Overview and Scrutiny Member Survey 2018, and by contacting the Scrutiny Team direct; and
 - c. Officers have been consulted via discussion at departmental management team meetings.

9. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 9.1 There are none specific to this report. Scrutiny work involves consideration of the financial, resource and property issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific financial, resource and property implications.

10. LEGAL AND STATUTORY IMPLICATIONS

- 10.1 Overview and scrutiny bodies operate within the provisions set out in the Local Government Act 2000, the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007.
- 10.2 Scrutiny work involves consideration of the legal and statutory issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific legal and statutory implications.

11. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 11.1 It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engagement. The reviews will involve work to consult local residents, community and voluntary sector groups, businesses, hard to reach groups, partner organisations etc and the views gathered will be fed into the review.
- 11.2 Scrutiny work involves consideration of the human rights, equalities and community cohesion issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific human rights, equalities and community cohesion implications.

12. CRIME AND DISORDER IMPLICATIONS

- 12.1 In line with the requirements of the Crime and Disorder Act 1998 and the Police and Justice Act 2006, all Council departments must have regard to the impact of services on crime, including anti-social behaviour and drugs. Scrutiny review reports will therefore highlight any implications arising from the reviews relating to crime and disorder as necessary.

13. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 13.1 There are none specific to this report. Scrutiny work involves consideration of the risk management and health and safety issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific risk management and health and safety implications.

14. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- 14.1 Appendix 1 – Healthier Communities and Older People Overview and Scrutiny Panel draft work programme 2018/19
- 14.2 Appendix 2 – Selecting a Scrutiny Topic – criteria used at the workshop on 04 June 2018
- 14.3 Appendix 3 – Notes from discussion of topics relating to the remit of the Healthier Communities and Older People Overview and Scrutiny Panel, Scrutiny Topic Selection Workshop on 04 June 2018

15. BACKGROUND PAPERS

- 15.1 None

Draft work programme 2018/19

Suggested work programme below is based on rankings by panel members of their top four items.

- Performance of Merton over the winter period for discharging customers from acute hospital settings including frequent attenders at Accident and Emergency Departments
- Transitions from child to adult health services - task group review
- Merton Health and Care Together – integration of health and social care
- Enabling older people to live independently at home
- Progress with tackling health inequalities in Merton

Scheduled agenda items include

- Immunisations schedule: including diabetic eye screening, breast screening, flu for the older 65s and vulnerable groups.
- Health and Wellbeing Strategy/ work of the Health and Wellbeing Board
- Loneliness task group – 18 months review measuring impact
- Safeguarding Adults Annual Report
- Updates from the Acute Trusts
- Merton Clinical Commissioning Group Primary Care Strategy
- Update on services for people who have experienced Brain Injury

Appendix 2

Selecting a Scrutiny Topic – criteria used at the workshop on 04 June 2018

The purpose of the workshop is to identify priority issues for consideration as agenda items or in-depth reviews by the Panel. The final decision on this will then be made by the Panel at its first meeting on 25 June 2018.

All the issues that have been suggested to date by councillors, officers, partner organisations and residents are outlined in the supporting papers.

Further suggestions may emerge from discussion at the workshop.

Points to consider when selecting a topic:

- Is the issue strategic, significant and specific?
- Is it an area of underperformance?
- Will the scrutiny activity add value to the Council's and/or its partners' overall performance?
- Is it likely to lead to effective, tangible outcomes?
- Is it an issue of community concern and will it engage the public?
- Does this issue have a potential impact for one or more section(s) of the population?
- Will this work duplicate other work already underway, planned or done recently?
- Is it an issue of concern to partners and stakeholders?
- Are there adequate resources available to do the activity well?

Healthier Communities and Older People Overview and Scrutiny Panel
Topic Suggestion Workshop
4 June, 7.00pm Cabinet meeting Room

Present: Councillors: Peter McCabe, Andrew Howard, Tobin Byers, John Dehaney and co-opted member Saleem Sheikh

Officers: Hannah Doody, Director of Community and Housing Dagmar Zeuner, Director of Public Health, John Morgan Assistant Director Adult Social Care and Stella Akintan, Scrutiny Officer.

Apologies: Councillors: Rebecca Lanning, Hina Bokhari, Sally Kenny, and co-opted member Diane Griffin,

The Chair asked Panel members to rank topics in order of priority and send these to the scrutiny officer. This will enable all members to contribute and identify the priority areas for discussion at the Panel meeting.

There was as brief discussion on each of the topics;

Performance of Merton over the winter period for discharging customers from acute hospital settings including frequent attenders at Accident and Emergency Departments

Good opportunity to consider lessons learned from the Winter Period along with partners from health and social care. There is also a good news story as Merton was able to avoid hospital admissions. It was agreed that 'frequent attenders' may not be a helpful term as it can be seen as a negative label for vulnerable people.

Men's Health

It was agreed that it is an important topic as it was thought that men often neglect their health. The Director of Public Health highlighted that evidence has shown that men's health is marginalised. It was suggested that this could be considered alongside a report on health inequalities

Eye Health

It was agreed this is also an important area to consider as people often do not prioritise their eye health.

Access to health services for people with a Learning disability

The Director of Community and Housing said this is an important issue, the Panel could play a useful role in looking at the Merton offer and understand the level of services received by this group.

Transitions from child to adult mental health services

The Director of Community and Housing said the Panel could broaden this topic to look at the planning which takes place to refer people to adult services at age eighteen. This should include; looked after children, children with learning disabilities and those using child mental health services. This would be a good topic for a task group review.

Merton Health and Care Together

This topic looks at Merton's approach to integration through the work of the integration Board which has representation from social care, Acute Trusts, Community Health and the

voluntary sector. This topic also looks at what support is in the community to prevent hospital admissions.

Enabling older people to live independently at home

This involves looking at the prevention offer and how the department works with partners to support older people.

Learning from safeguarding adults reviews

The council has statutory duties in relation to safeguarding vulnerable adults, the published reviews provide the department with learning from what is taking place across the country. The learning from a review which was discussed at scrutiny was shared at the London Safeguarding Board.

Progress with tackling health inequalities in Merton

This topic will be addressed in the Public Health Annual Report, it will track changes in health inequalities over time.

Bringing together physical and mental health

The Director of Community and Housing said this is an important area to review.

Sustainability and Transformation Plan

It was agreed there are important issues emerging in relation to the reconfiguration of hospital services.

Charging disabled badge holders for hospital parking

It was agreed that a letter would be sent to all the Acute Trusts asking for their policy on this issue. The Panel can then decide if further scrutiny is required.

Adult Social Care Customer Journey

This report could cover all client groups and look at what it is like to be in receipt of adult social care in Merton. This could include looking at new duties under the Care Act.

Fuel Poverty and Excess Winter Deaths

The Director of Public Health said the trend is improving in Merton. This is being monitored and the Panel can be informed if the current trend changes.

Additional item

A Councillor suggested the Panel consider the current policy in managing the over use of anti-biotics. It was agreed that this should be looked at as part of a wider report on the Merton Clinical Commissioning Group Primary Care Strategy.

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